									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective December 8, 2004								10/056716					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	O		ER THAN	
	TOTAL CLAIM	S						RATE FEE		`	RATE		
Ŀ	OR .		NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F			24000		
TOTAL CHARGEABLE CLAIMS			n	minus 20=		•		X\$ 25		01	X\$50=		
INDEPENDENT CLAIMS			┸-	minus 3 =				X100=	:	OF	X200=		
MULTIPLE DEPENDENT CLAIM PF				L				+180=		OF	+360=		
•	If the difference	ce in column 1 k	s less than	less than zero, enter "0" in column 2			•	TOTAL		OF	TOTAL		
CLAIMS AS AMENDED - PART (I (Column 1) (Column 2) (Column 3)							SMALI	ENTITION .	 / OR		R THAN ENTITY		
AMENDMENT A	2/21/01	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	· 30	Minus	-3	<u>Q</u> _	= /		X\$ 25=		OR	X\$50≈		
	Independent FIRST PRES	ENTATION OF M	Minus ULTIPLE DE	PENDENT	CI AIM	= /		X100=		OR	X200=		
•	·							+180=	\mathbf{I}^{T}	OR	+360=		
0.00.00							A	TOTAL		OR	TOTAL ADDIT, FEE		
- 9	-820G	(Column 1)		(Column		(Column 3)							
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE	-	RATE	ADDI- TIONAL FEE	
	Total	. 30	Minus	-30)	3	· [;	X\$ 25=		OR	X\$50=	1	
AM	Independent FIRST PRESE	NTATION OF MI	Minus	PENDENT C	AIDA P	-		X100=		OR	X200=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\int	+180=		OR	+360=		
							·AD	TOTAL DIT. FEE		OR	TOTAL ODIT. FEE		
_	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS		(Column		(Column 3)				_			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOUS PAID FO	R SLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	17		s .	×	\$ 25=		OR	X\$50=		
AME.	Independent	NTATION OF ACT	Minus	444		•	X	100=		OR	X200=	——	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							180=			+360=		
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 enter 20. **TOTAL OR TOTAL													
0	The Trighest Num	nber Previously Pei ber Previously Paid	d For IN THE	S SPACE to lee	as than	3 enter 3 *		IT. FEE L	ropriate bo	, ~	DDN. FEE L mn 1.		
_	PTO-675 (Rev 10)	•				·			•				